

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2							52						
3							53						
4							54	/					
5							55						
6	/						56						
7							57						
8							58	/					
9							59						
10							60						
11	/						61						
12							62	/					
13							63						
14							64						
15	/						65	/					
16							66						
17							67						
18							68						
19							69	/					
20							70						
21	/						71						
22							72						
23							73	/					
24							74						
25	/						75						
26							76	/					
27							77						
28							78						
29	/						79						
30							80	/					
31							81	/	/				
32	/						82	/	/				
33							83	/	/				
34							84						
35							85						
36	/						86						
37							87						
38							88						
39							89						
40	/						90						
41							91						
42							92						
43	/						93						
44							94						
45							95						
46							96						
47	/						97						
48							98						
49							99						
50							100						
TOTAL IND.	21						TOTAL IND.						
TOTAL DEP.	62						TOTAL DEP.						
TOTAL CLAIMS	83						TOTAL CLAIMS						